

CERTIFICATE OF PARENTAL CONSENT
2D REV. 6-2002

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS
On The Web At <http://dmvct.org>



NAME OF 16 OR 17 YEAR OLD APPLICANT <i>(Last, First, Middle)</i>	APPLICANT'S DATE OF BIRTH <i>(Month, Day, Year)</i>
NAME OF APPLICANT'S PARENT, GUARDIAN OR SPOUSE OVER 18	CONSENTER'S DATE OF BIRTH <i>(Month, Day, Year)</i>

RELATIONSHIP TO APPLICANT

☐ PARENT ☐ FOSTER PARENT ☐ LEGAL GUARDIAN *(Court Appointed)* ☐ SPOUSE OVER 18 YEARS OLD

If the person giving consent *IS NOT* a parent, proper documentation of authority must be shown.

I hereby certify that the information furnished above is true and accurate to the best of my knowledge and belief. I hereby request that the following document(s) be issued to said applicant.

☐ LEARNER'S PERMIT / DRIVER'S LICENSE ☐ MOTORCYCLE LEARNER'S PERMIT / MOTORCYCLE LICENSE ☐ MOTOR VEHICLE REGISTRATION

VEHICLE IDENTIFICATION NUMBER <i>(If applicable)</i>			GROSS VEHICLE WEIGHT <i>(If applicable)</i>
REGISTRATION PLATE NUMBER	VEHICLE YEAR	VEHICLE MAKE	LIGHT VEHICLE WEIGHT <i>(If applicable)</i>
SIGNATURE OF PARENT, GUARDIAN OR SPOUSE OVER 18 X	DRIVER LICENSE OR DOCUMENTATION SHOWN		DATE SIGNED

NOTARIZATION *(Not valid unless notarized below)*

SUBSCRIBED AND SWORN TO BEFORE ME:	PLACE SWORN	DATE SIGNED
SIGNATURE OF NOTARY PUBLIC, JUSTICE OF THE PEACE, OR COMMISSIONER OF SUPERIOR COURT X	DATE COMMISSION EXPIRES OR JURIST NO.	